

Realizing One Integrated System of Care for Children

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This brief identifies the steps necessary to realize an integrated system of care, reviews two current approaches, and makes recommendations—including specifying policy reforms that would promote interagency collaboration, integration, service delivery, and improved outcomes for California’s children, both with and without disabilities. As a full commitment from the state administration is necessary to realize the proposed solutions at scale, this brief recommends the formation of a statewide interagency leadership council that has legitimacy, decision-making authority, and accountability across state and local policy and administrative levels. We also present recommendations for integrating California’s many child-serving agencies and organizations that simultaneously serve children and families into a “Whole System” approach.

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If California is to prosper in the decades to come, every child must have the necessary support and opportunities to become a maximally contributing member of society. As the vital foundation for that success, California’s policies, programs and investments must promote the health and well-being of the state’s most valuable resource—its children.¹

Embracing the Opportunity

The puzzle pieces necessary to complete the vision of a “California for All,” particularly for children and youth, are within California’s grasp. The 2015 Statewide Special Education Task Force described the benefits of creating “one coherent system of education designed to serve all students.”² New funding for California schools that serve the most needy students, a robust state economy, a new governor, and concurrent efforts to structurally reform Medi-Cal (one of the largest funding sources for all of California’s children and youth) have created the necessary momentum to coordinate and leverage state resources to support California’s most vulnerable youth, including students with disabilities.

Models of interagency collaboration and integration have emerged across the state, providing key insights into the essential components that characterize effective systems of integration. However, this integration has yet to be realized at scale. Passionate and capable local and regional leaders along with their consortia have pieced together traditionally siloed systems that often serve the same children. These local and regional models address many of the barriers to integration that have plagued previous efforts to foster effective partnerships across social service, health, and education agencies. Two models are important to consider for California’s children: California’s emerging System of Care (SOC) and Interconnected Systems Framework (ISF).

This brief addresses the opportunity to integrate care for children with disabilities under the provisions of the Individuals with Disabilities Education Act (IDEA).^{3,4} However, to address the needs of students with disabilities, systems integration must be applied to all students in California so children can access important supports and services as soon as they need them, directly and in coordination with schools. This brief will identify next steps in realizing an integrated SOC and will review models of service delivery. Recommendations for effective system integration and service delivery will be highlighted, including necessary policy reforms.

Defining the Population and Related System Challenges

There are approximately 795,000 children in California with disabilities, ages 0–22, who qualify for special education pursuant to the IDEA. In order to provide special

education and related services to meet the unique needs of each child, California spends approximately \$13 billion annually; 10 percent of these costs are covered by IDEA dollars.⁵

Children with disabilities are often simultaneously entitled to services from multiple child-serving systems. For example, children transitioning to public education at age 3 require coordination as they transition from other child-serving agencies such as Regional Centers or physical and behavioral health care providers.⁶ Children with physical and behavioral health care needs receive special education services as well as specialized health care services from public and private child-serving health systems. Children with developmental disabilities may be simultaneously served by Regional Centers as well as by California Children’s Services.⁷ At age 14, children with disabilities are entitled to a transition plan that identifies their longer term goals, including coordination of care among the Department of Rehabilitation and other agencies that will support them after graduation.^{8, 9} And children in California’s child welfare and probation systems, 50–70 percent of whom have Individualized Education Programs (IEPs), are entitled to services across agencies—including, but not limited to, the public schools, child welfare, juvenile justice, employment development, and behavioral health.^{10, 11}

Coordinating services among these many agencies is difficult and often breaks down. For more than 40 years, both federal law and corresponding state law have recognized the need to better coordinate care across child-serving agencies and to require interagency collaboration so that “all services that are needed to ensure a free, appropriate, public education are provided.”^{12, 13} To this end, interagency agreements are required between the Department of Education and the Departments of Health Care Services, Developmental Services, Social Services, Rehabilitation, Corrections, Employment Development, Preschool Services, California Children’s Services, and Juvenile Facilities.

Despite current statutory requirements, however, interagency coordination remains largely ineffective. As a result, California’s Statewide Task Force on Special Education made the case that achievement and success for children with disabilities cannot be obtained by taking a siloed approach to solutions. In contrast, the case was made for a “Whole System” approach in education policy and planning across all of California’s child-serving systems.¹⁴

The consistent inability of children and parents to access the care they need when they need it is a clearly recognized outcome of siloed systems and results in both persistent disparities in educational attainment among children with disabilities and increased costs associated with more intensive, longer term care. Parents are required to navigate complex and disconnected service systems on their own. Services are not provided in accessible locations and agencies are not required to work together. And, because agencies do not share cross-system accountability around common goals, resource constraints cause each agency to prioritize services for children with the most severe needs and to shift costs across agencies for children with simultaneous

entitlements. As a result, access to critical prevention and early intervention services are often unavailable and the efficiencies that can be realized through early intervention efforts are lost to urgent priorities.¹⁵

The unfortunate consequence of these myriad barriers is the creation of a “fail first” system that requires children and families to reach a crisis point before being prioritized for services, often only to find that the care they need is inaccessible.¹⁶ And yet, despite widespread recognition of the importance of an integrated system to improve outcomes and fiscal and programmatic efficiencies, gaps in service remain and coordination of services varies broadly across the state.

Leveraging One Urgent Need: Integrating Behavioral Health

Children with untreated behavioral health disorders account for the most intensive service needs among child welfare, education, and juvenile justice agencies. And the incidence of significant behavioral health disorders is increasing. The prevalence of chronic mental health disorders among students doubled in the last decade; it is now understood to impact 20–25 percent of school-aged youth.^{17,18} Largely due to these increasing needs, more and more of California’s children are being placed in special education. Over the same period, the number of children identified for an IEP increased to nearly 13 percent of enrollment while the number of children identified because of an attention-deficit/hyperactivity disorder has increased by more than 75 percent.¹⁹

Without integrated mental health and educational interventions within a SOC framework, children with an emotional disturbance are more susceptible to poor educational outcomes and disruptive school experiences marked by substance abuse, poor school attendance, academic difficulties, and behavior problems,²⁰ with 44 percent never completing high school. Within 4 years of leaving high school, 60 percent of children with an emotional disturbance report being arrested at least once and 39 percent report being on probation or parole.²¹ It is not surprising, then, that nearly 70 percent of children in the juvenile justice system have a diagnosable mental health disorder.²²

Yet, while there is strong evidence for the effectiveness of early intervention and treatment of mental health disorders,²³ most of California’s children are not receiving mental health services when they need them.²⁴ This is despite the fact that 96 percent of California’s children are enrolled in health insurance with a defined behavioral health benefit. And while California has by far more Medi-Cal-eligible children than any other state, it draws down less school-based Medicaid funding than 39 of the 50 states. Less than 5 percent of California’s Medi-Cal-eligible students receive the mental health services to which they are entitled.^{25,26} California also ranks near the bottom of all states in providing school-based access to physical and mental health services,²⁷ despite the fact that children are 21 times more likely to receive these services if provided on a school campus.²⁸

Defining the Solution: Lessons Learned from the System of Care and Interconnected Systems Framework Models

To address the problem of disconnected systems and competing goals among child-serving agencies, policymakers must adopt an integrated-systems approach to the delivery of services. Integrated service delivery systems align behind shared goals that focus more broadly on collectively supporting the healthy functioning of the whole child and their family unit. Two existing models of interagency integration provide insight into the structural components that characterize this approach.

System of Care (SOC) has been a common national practice among child-serving agencies for the last two decades and, when implemented, results in many academic, health, and economic benefits.²⁹ While California has made two prior efforts to install SOC, recent legislation uses the SOC model to address the needs of children in the foster care system who have experienced extensive trauma and who touch nearly all of California's child-serving agencies. Assembly Bill 2083 (AB 2083) established legislative expectations that services at the local level be coordinated through Memorandums of Understanding among multiple agencies. The legislation specifies the formation of an Interagency Leadership or Policy Team, and further includes provisions that address the common hurdles to collaborative partnership such as shared governance; shared fiscal responsibility and cost-sharing; information sharing; staff recruitment and training; and dispute resolution. It also provides for common agreement on screening; assessment and entry-to-care criteria; processes for child and family teaming and universal service planning; commitment to the implementation of California's Integrated Core Practice Model; and alignment and coordination of transportation and other foster youth services. In contrast to previous SOC legislation, the AB 2083 SOC opportunity is better supported and the service community is better prepared to implement it. To this end, California's current effort at SOC is informed by the teachings of the past, such as the need to include education, the need for cross-system accountability, and the need to ensure sustainability.

AB 2083 represents a reform effort that seeks to improve services for a subpopulation of children in foster care. But, in reflecting on lessons learned and new opportunities for SOC reform, national expert Sheila Pires cautions avoidance of "categorical systems of care"—meaning siloed efforts to create a SOC for micropopulations. "One of the major opportunities that a system of care approach provides is to bring together related reform efforts and reduce a 'siloed' approach to serving children, youth and families."³⁰ A noncategorical approach focuses on the development of a Whole System that aligns services around measurable, shared outcomes for children and families as well as population-based goals for all of California's children and youth, rather than a categorical improvement for a micropopulation such as those receiving child welfare or those with intensive physical, mental health, or educational needs.³¹

The Interconnected Systems Framework (ISF) provides a local-level structure for shared decision-making among school and community service providers in order to maximize utilization of existing resources and provide a broader array of school-based and school-linked interventions and supports for children and families.

Focusing on the integration of school programs and services with other agency and community programs and services, the ISF builds upon a core assumption that services should be readily accessible and available to all children at the point of need without the necessity for prior diagnosis. To effectively implement this goal, school services are organized into multitiered systems of supports (MTSS) that are available to all students. The tiered system provides a broad continuum of services and programs within the school and community that include prevention as well as intervention services.³² When preventive and supportive interventions fail to meet the specific needs of a child, more intensive direct interventions are provided. In this way, interventions are tied to the severity of the academic, emotional, and behavioral challenges a child may be experiencing rather than to a particular diagnosis or placement. By increasing the availability of services at the point of need, the stigma associated with labeling and the receipt of services is also reduced.

Policy Recommendations for the Future

In addition to the ISF and SOC exemplars for interagency partnerships, additional coordination of care efforts are currently unfolding for California's children. These include Senate Bill 75 (2019) and the Children's Mental Health Services and Supports Act, among others. But despite these important efforts, California still lacks a roadmap for systems coordination focused around supporting the whole child. In addition to the need for a coordinated "north star," the following recommendations will move California forward.

Shared Cross-System Governance by an Administrative Body That Has Legitimacy, Decision-Making Authority, and Accountability Across State and Local Policy and Administrative Levels

At a state level, the interagency leadership team would be responsible for:

- developing a common vision based upon shared cross-system outcomes for the children of California;
- incentivizing integration of care at the local level to maximize utilization of the state's child-serving resources, including human and physical assets, as well as financial resources;
- evaluating the efficacy of the state's child-serving systems in advancing identified cross-system outcomes;

- assisting local counties with implementation and technical assistance to reach the state’s cross-system goals; and
- assisting in the creation of a “one-child, one-plan” model, including a common data system that can be accessed by multiple agencies.

The local governance body would be responsible for:

- overseeing the efficacy of the county-integrated system in reaching the state’s outcomes for children;
- identifying local outcomes for children that align with state outcomes; and
- implementing a common means for quality improvement and control.

Shared Cross-System Service Delivery that Minimizes Barriers to Access

Barriers to access often result in inconsistent service utilization. Interagency partnerships that provide appropriate space within schools for the provision of agency services facilitate access for children as well as their families. The provision of services at school sites, however, must be part of a cross-system service delivery model that all agencies understand and that is characterized by a seamless pathway to services within an integrated structure designed to reduce redundancy and assure common purpose. Services that are not part of an integrated continuum rarely become part of a school or community’s larger culture. As a result, colocated service providers can become isolated by their own disconnected language and goals for students, with service delivery becoming fragmented, complex, and marginalized for children and their families.³³

Shared Cross-System Fiscal Responsibility for the Management and Leveraging of Cross-Sector Assets and Resources

State leadership should ensure that sustainable sources of funding are committed for comprehensive interconnected agency initiatives that include early identification and prevention. Interagency leadership teams at both state and local levels should have the responsibility and authority to leverage existing resources in order to maximize the availability and effectiveness of services to children across agencies including braiding, blending, and pooling of categorical funding to build a comprehensive system that is responsible for cross-system outcomes.

Cross-System Technical Assistance and Training

Agency professionals come from various fields of preparation that employ different professional languages and have diverse values and goals. Moreover, professionals’ traditional preparation has been discipline-specific and therefore lacking in the competencies necessary to work collaboratively within an integrated system, including equally valuing the opinions of all team members in decision-making, understanding how

the whole system operates together, and being aware of the multiple entitlements of the children they are simultaneously serving. To create a cohesive workforce that prioritizes children receiving the services they need when they need them, all adults should be trained collectively on best practices and the use of evidence-based strategies to reach collective goals. The focus of the training is to ensure shared responsibility for child and family outcomes, and the means by which to operate collectively towards a shared purpose.

Shared Identified Cross-System Outcomes and Accountability Processes

Within integrated systems, collective responsibility is taken for continuous quality assurance and improvement at every level of service delivery. Data-sharing agreements are necessary to facilitate the selection of effective services and supports. In addition, the goal of any program should be to decrease the research-to-practice gap. The ongoing identification of barriers requires data that reflect student functioning within the home and the community as well as in school. This outcome data is used for decision-making by state and local leadership teams and is shared with the community in order to identify cross-system state outcomes for children and families which then align with local leadership goals and strategies.

Family and Youth Partnership, and Cultural and Linguistic Competence

The provision of services under an integrated service delivery model must strategically engage family members and youth who are representative of the community and the population of children being served at all levels. Meaningful engagement includes family and youth voice in policy and program development; ensures that the needs of culturally diverse populations are considered; and reduces identified barriers to service access.

Who Must Be Involved?

In order to be successful, state leadership must take a leading role in integrating California's many child-serving agencies into a Whole System approach. Together with youth and family representatives, each agency is a critical player in any statewide integration effort. But any specific integration team serving the broader state and local goals would be comprised of the agencies touching that population of children. Creating an effective Whole System approach will necessitate direction and support from the governor, as well as the formation of an administrative body at the highest level of state government tasked with identifying and overseeing cross-system outcomes for the children of California, along with responsibility for the implementation and utilization of the integration principles and strategies referenced herein.

Where Is It Working?

While there are no comprehensive statewide examples of integrated service delivery in the nation, there are numerous examples of integrated care efforts to address the needs of specific populations. The critical factor in any successful state integration effort is the inclusion of the governance, accountability, and shared ownership structures referenced above.

Allegheny County in Pennsylvania, for example, integrated data systems between the Department of Health Services and the Department of Education to allow educators and child welfare workers to make better decisions regarding student mental health as well as to monitor student attendance, disciplinary history, and academic performance.³⁴ Similar data sharing agreements were initiated in the District of Columbia among public schools, Medicaid, and the Health Department to improve service coordination and targeted health care related to well-child visits, dental visits, and health form completion. New York established a State Council on Children and Families to coordinate education, state health, and human services systems to address service gaps and improve communication related to service delivery. Similarly, Oregon and Washington provide state-level leadership by establishing systems that align departments of education and health services in order to promote early identification and provision of specialized health care services to young children.³⁵

Within California, regional efforts exist to improve services to children with social, emotional, and behavioral health needs. Integrated services in Placer, Monterey, Fresno, and San Bernardino counties, among others, provide evidence for the efficacy of an integrated-systems approach.

The Desert/Mountain Special Education Local Plan Area (SELPA) region in San Bernardino County opened a community-based mental health clinic under Request for Proposal (RFP) through the County Department of Behavioral Health. Using state education dollars to match federal entitlements, mental health clinicians were assigned to every school in the region. The clinicians carry a caseload, know the staff, and integrate into the culture of the school. They participate in school-level teams, facilitate the development of interventions for students with intensive needs, provide crisis intervention services as needed, and advise and train staff in social-emotional learning and positive behavior management skills. This integrated care system is now implemented through a Joint Powers Authority Agreement that connects the Desert/Mountain SELPA, the Desert/Mountain Charter SELPA, and the Desert/Mountain Children's Center under a common administrative structure. As a result of this integrated effort, funding has been leveraged across agencies, the rate of student participation in behavioral health services has tripled over the past decade, and suspension rates have declined to one of the lowest in California.

Conclusion

This brief has explored the urgent need for an integrated system of care that supports the state’s most vulnerable youth. As a full commitment from the state administration is necessary to realize the proposed solutions at scale, this brief recommends the formation of a statewide interagency leadership council. The brief also details recommendations for a Whole System approach designed to support the work of California’s many agencies that simultaneously serve children and families.

Endnotes

Note. State legislation cited below can be found online via search at <http://leginfo.legislature.ca.gov/faces/home.xhtml>

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Related Publications

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